

Earl Gavin
300 Marion Ave
Gaffney SC 29341
12/29/2017

Trans Union
P.O. Box 2000
Chester, PA 19022

Final Request Pursuant to 15 U.S.C. § 1681g(a)(1)

To whom it may concern:

I am writing in regard to your response to my initial request for my ***Full Consumer File Disclosure***. My request was very specific and I provided the exact sections of the FCRA which require you to provide it to me (see copy of my original letter attached). Your response was not correct in that you did not provide the ***Full Consumer File Disclosure*** as requested. I will once again state that I am requesting my ***Full Consumer File Disclosure*** pursuant to 15 U.S.C. § 1681g(a)(1) to include all other such information listed specifically in my initial letter. No response by you other than providing the ***Full Consumer File Disclosure*** as required by the FCRA will be appropriate or accepted by me.

My initial letter was my first request for the ***Full Consumer File Disclosure*** within the past 12 months and there is no provision in the FCRA which allows you to charge me for it. I expect your full compliance with the law and for me to receive my ***Full Consumer File Disclosure*** in a timely manner as required by the FCRA. Your failure to do so will result in me initiating legal action against you to force compliance under the law. Your timely response is appreciated. Act accordingly.

Once again as was provided with my initial request, I am enclosing a copy of my driver's license and Social Security Card for identification purposes. You are instructed to mask the first five digits of my Social Security Number in all writings you return to me.

Thank you in advance for promptly satisfying this request.

Thank You

Earl Gavin

Attached:

Copies of my Social Security Card & Driver's License
Sent: USPS Certified Mail # 7016-3560-0001-1458-8676
Return Receipt Requested

Ex 1

Earl Gavin * 300 Marion Ave * Gaffney SC 29341

11/7/17

Trans Union
P.O. Box 2000
Chester, PA 19022

Full File Disclosure Request pursuant to 15 U.S. Code 1681g(a)(1).

To Whom it may concern:

Please send me in writing ALL INFORMATION in my consumer file at Trans Union as of the date that you receive this letter regardless of how or where it is stored; pursuant to 15 U.S. Code 1681g(a)(1). Mask the first five digits of my Social Security Number in all writings you return to me.

In addition, I am requesting:

1. Pursuant to 15 U.S. 1681g(a)(2), all sources of information in my consumer file at Trans Union.
2. Pursuant to 15 U.S. 1681g(a)(3)(A), the identification of each person that procured a consumer report on me from Trans Union.
3. Pursuant to 15 U.S. 1681g(a)(3)(B), the name, trade name, address, and telephone number of each person identified under 15 U.S. 1681g(a)(3)(A).
4. Pursuant to 15 U.S. 1681g(a)(4), the dates, original payees, and amounts of any checks in my consumer file at Trans Union used to adversely characterize me
5. Pursuant to 15 U.S. 1681g(a)(5), a record of all inquiries received by Trans Union in the year preceding the receipt of this request that identified me in connection with a credit or insurance transaction that I did not initiate

This is a request for a full file disclosure to include all obsolete and archived information as permitted by the Fair Credit Reporting Act. It is my first full file disclosure request for this calendar year from Trans Union.

Thank you in advance for promptly satisfying this request.

Thank You,

Earl Gavin

Attached:

Copies of my Social Security Card & Driver's License
Sent: USPS Certified Mail # 7017-1450-0001-6355-9954

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
*Domestic Mail Only***

For delivery information, visit our website at www.usps.com .	
WOODLYN, PA 19094	
Certified Mail Fee \$ 3.35 \$ <u><u>\$0.00</u></u> Extra Services & Fees (check box, add fee as appropriate) <input type="checkbox"/> Return Receipt (hardcopy) \$ <u><u>\$0.00</u></u> <input type="checkbox"/> Return Receipt (electronic) \$ <u><u>\$0.00</u></u> <input type="checkbox"/> Certified Mail Restricted Delivery \$ <u><u>\$0.00</u></u> <input type="checkbox"/> Adult Signature Required \$ <u><u>\$0.00</u></u> <input type="checkbox"/> Adult Signature Restricted Delivery \$ <u><u>\$0.00</u></u> Postage \$ 0.49 \$ <u><u>\$0.49</u></u> Total Postage and Fees \$ 3.84 \$ <u><u>\$3.84</u></u>	
0301 16	
Postmark Here	
11/07/2017	
Sent To: <u>TRANSUNION</u> Street and Apt. No., or PO Box No.	
City, State, ZIP+4: <u>Woolwich, PA 19094-0805</u>	

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
*Domestic Mail Only***

For delivery information, visit our website at www.usps.com .	
ATLANTA, GA 30348	
Certified Mail Fee \$ 3.35 \$ <u><u>\$0.00</u></u> Extra Services & Fees (check box, add fee as appropriate) <input type="checkbox"/> Return Receipt (hardcopy) \$ <u><u>\$0.00</u></u> <input type="checkbox"/> Return Receipt (electronic) \$ <u><u>\$0.00</u></u> <input type="checkbox"/> Certified Mail Restricted Delivery \$ <u><u>\$0.00</u></u> <input type="checkbox"/> Adult Signature Required \$ <u><u>\$0.00</u></u> <input type="checkbox"/> Adult Signature Restricted Delivery \$ <u><u>\$0.00</u></u> Postage \$ 0.49 \$ <u><u>\$0.49</u></u> Total Postage and Fees \$ 3.84 \$ <u><u>\$3.84</u></u>	
0301 16	
Postmark Here	
11/07/2017	
Sent To: <u>EQUIFAX</u> Street and Apt. No., or PO Box No.	
City, State, ZIP+4: <u>Atlanta, GA 30348</u>	

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
*Domestic Mail Only***

For delivery information, visit our website at www.usps.com .	
ALLEN, TX 75013	
Certified Mail Fee \$ 3.35 \$ <u><u>\$0.00</u></u> Extra Services & Fees (check box, add fee as appropriate) <input type="checkbox"/> Return Receipt (hardcopy) \$ <u><u>\$0.00</u></u> <input type="checkbox"/> Return Receipt (electronic) \$ <u><u>\$0.00</u></u> <input type="checkbox"/> Certified Mail Restricted Delivery \$ <u><u>\$0.00</u></u> <input type="checkbox"/> Adult Signature Required \$ <u><u>\$0.00</u></u> <input type="checkbox"/> Adult Signature Restricted Delivery \$ <u><u>\$0.00</u></u> Postage \$ 0.49 \$ <u><u>\$0.49</u></u> Total Postage and Fees \$ 3.84 \$ <u><u>\$3.84</u></u>	
0301 16	
Postmark Here	
11/07/2017	
Sent To: <u>Experian</u> Street and Apt. No., or PO Box No.	
City, State, ZIP+4: <u>Allen, TX 75013</u>	

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only**

For delivery information, visit our website at www.usps.com.
CHESTER, PA 19016

Certified Mail Fee \$3.45	0340 14
Extra Services & Fees (check box, add fee if applicable)	\$ 0.00
<input type="checkbox"/> Return Receipt (hard copy) \$ 0.00	\$ 0.00
<input type="checkbox"/> Return Receipt (electronic) \$ 0.00	\$ 0.00
<input type="checkbox"/> Certified Mail Restricted Delivery \$ 0.00	\$ 0.00
<input type="checkbox"/> Adult Signature Required \$ 0.00	\$ 0.00
<input type="checkbox"/> Adult Signature Restricted Delivery \$ 0.00	\$ 0.00
Postage \$0.50	\$ 0.50
Total Postage and Fees \$3.95	\$ 3.95
Sent To TRANSUNION Street and Apt. No., or P.O. Box No.	
City, State, ZIP+4 Chester, PA 19016	

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

**U.S. Postal Service
CERTIFIED MAIL® RECEIPT
Domestic Mail Only**

For delivery information, visit our website at www.usps.com.
CHESTER, PA 19016

Certified Mail Fee \$3.35	0340 14
Extra Services & Fees (check box, add fee if applicable)	\$ 0.00
<input type="checkbox"/> Return Receipt (hard copy) \$ 0.00	\$ 0.00
<input type="checkbox"/> Return Receipt (electronic) \$ 0.00	\$ 0.00
<input type="checkbox"/> Certified Mail Restricted Delivery \$ 0.00	\$ 0.00
<input type="checkbox"/> Adult Signature Required \$ 0.00	\$ 0.00
<input type="checkbox"/> Adult Signature Restricted Delivery \$ 0.00	\$ 0.00
Postage \$0.49	\$ 0.49
Total Postage and Fees \$3.84	\$ 3.84
Sent To TRANSUNION Street and Apt. No., or P.O. Box No. P.O. Box 2000 City, State, ZIP+4 Chester, PA 19016	

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	
1. Article Addressed To: TRANSUNION 2018 P.O. Box 2000 Chester PA 19016	
 9590 9402 1806 6074 0167 64	
2. Article Number (Transfers from previous page) 7016 3560 0001 1458 8676	
PS Form 3811, July 2015 PSN 7530-02-000-9053	
Domestic Return Receipt	

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only**

For delivery information, visit our website at www.usps.com.
CRUFT LYNN, PA 19022

Certified Mail Fee \$3.45	0301 16
Extra Services & Fees (check box, add fee if applicable)	\$ 0.00
<input type="checkbox"/> Return Receipt (hard copy) \$ 0.00	\$ 0.00
<input type="checkbox"/> Return Receipt (electronic) \$ 0.00	\$ 0.00
<input type="checkbox"/> Certified Mail Restricted Delivery \$ 0.00	\$ 0.00
<input type="checkbox"/> Adult Signature Required \$ 0.00	\$ 0.00
<input type="checkbox"/> Adult Signature Restricted Delivery \$ 0.00	\$ 0.00
Postage \$0.49	\$ 0.49
Total Postage and Fees \$3.94	\$ 3.94
Sent To TRANSUNION Street and Apt. No., or P.O. Box No. P.O. Box 2000 City, State, ZIP+4 Chester PA 19022	

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

44
6351
0001 0000 1450 2017

Certified Mail Fee	\$ 3.35
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (handcopy)	\$ 0.00
<input type="checkbox"/> Return Receipt (electronic)	\$ 0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ 0.00
<input type="checkbox"/> Adult Signature Required	\$ 0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ 0.00
Postage	\$ 0.49
Total Postage and Fees	\$ 3.84
Sent To:	TRANSUNION
Street and Apt. No., or PO Box No.	
City, State, ZIP+4	Woolly PA 19094-0805

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

731
0001 0000 0640 2015

USU1	03
Extra Services & Fees (check box, add fee as appropriate)	\$ 3.35
<input type="checkbox"/> Return Receipt (handcopy)	\$ 0.00
<input type="checkbox"/> Return Receipt (electronic)	\$ 0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ 0.00
<input type="checkbox"/> Adult Signature Required	\$ 0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ 0.00
Postage	\$ 0.49
Total Postage and Fees	\$ 3.84
Sent To:	Transunion Consumer Solutions
Street and Apt. No., or PO Box No.	
City, State, ZIP+4	Chester PA 19022

02/24/2017
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7016 3560 0001 1458 8676
0001 0000 0640 2016

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	0241 02
For delivery information, visit our website at www.usps.com .	
CHESTER, PA 19016	
Certified Mail Fee	\$ 3.35
Extra Services & Fees (check box, add fee as appropriate)	\$ 0.75
<input type="checkbox"/> Return Receipt (handcopy)	\$ 0.00
<input type="checkbox"/> Return Receipt (electronic)	\$ 0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ 0.00
<input type="checkbox"/> Adult Signature Required	\$ 0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ 0.00
Postage	\$ 0.49
Total Postage and Fees	\$ 3.84
Sent To:	TRANS UNION
Street and Apt. No., or PO Box No.	
City, State, ZIP+4	CHESTER PA 19016

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7016 3560 0001 1458 8676
0001 0000 0640 2016

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	0301 13
For delivery information, visit our website at www.usps.com .	
CHESTER, PA 19022	
Certified Mail Fee	\$ 3.35
Extra Services & Fees (check box, add fee as appropriate)	\$ 0.00
<input type="checkbox"/> Return Receipt (handcopy)	\$ 0.00
<input type="checkbox"/> Return Receipt (electronic)	\$ 0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ 0.00
<input type="checkbox"/> Adult Signature Required	\$ 0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ 0.00
Postage	\$ 0.49
Total Postage and Fees	\$ 3.84
Sent To:	Transunion Consumer Solutions
Street and Apt. No., or PO Box No.	
City, State, ZIP+4	Chester PA 19022

02/22/2017
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

2016 3560 0001 1458 9763
0001 0000 0640 2016

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	0340 13
For delivery information, visit our website at www.usps.com .	
CHESTER, PA 19016	
Certified Mail Fee	\$ 3.35
Extra Services & Fees (check box, add fee as appropriate)	\$ 0.00
<input type="checkbox"/> Return Receipt (handcopy)	\$ 0.00
<input type="checkbox"/> Return Receipt (electronic)	\$ 0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ 0.00
<input type="checkbox"/> Adult Signature Required	\$ 0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ 0.00
Postage	\$ 0.49
Total Postage and Fees	\$ 3.84
Sent To:	TRANSUNION
Street and Apt. No., or PO Box No.	
City, State, ZIP+4	Chester PA 19022

10/16/2017
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7016 3560 0001 1458 8690
0001 0000 0640 2016

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	0301 20
For delivery information, visit our website at www.usps.com .	
CHESTER, PA 19016	
Certified Mail Fee	\$ 3.35
Extra Services & Fees (check box, add fee as appropriate)	\$ 0.00
<input type="checkbox"/> Return Receipt (handcopy)	\$ 0.00
<input type="checkbox"/> Return Receipt (electronic)	\$ 0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ 0.00
<input type="checkbox"/> Adult Signature Required	\$ 0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ 0.00
Postage	\$ 0.49
Total Postage and Fees	\$ 3.84
Sent To:	Transunion Consumer Solutions
Street and Apt. No., or PO Box No.	
City, State, ZIP+4	Chester PA 19022

12/28/2017
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

File Number: [REDACTED]
 Date Issued: 01/04/2018

Page: 1 of 2



Personal Information

SSN: XXX-XX-2891

You have been on our files since 03/01/2001

Date of Birth: [REDACTED]

Names Reported: EARL GAVIN EUGENE JR and EARL GAVIN

Addresses Reported:

Address
 300 MARION AVE, GAFFNEY, SC 29341-1840

Date Reported
 03/02/2014

Telephone Numbers Reported:

(864) 489-0624 (864) 488 9366 (864) 902-9348

Employment Data Reported:

Employer Name
 AMERICAN CREDIT ACCEPTANCE

Date Verified
 07/22/2015

Promotional Inquiries

TRANSUNION CONSUMER INTE (100 CROSS STREET, SAN LUIS OBISP, CA 93401, (805) 782 8282)

Requested On: 11/16/2017

Account Review Inquiries

TRANSUNION CONSUMER INTE (760 MARKET STREET 10TH FLOOR, SAN FRANCISCO, CA 94102, (800) 934-4031)

Requested On: 12/25/2017

TRANSUNION CONSUMER INTE (100 CROSS STREET, SAN LUIS OBISP, CA 93401, (805) 782-8282)

Requested On: 11/15/2017

289352055 via TRANSUNION INTERACTIVE (100 CROSS STREET 202, SAN LUIS OBISPO, CA 93401, (800) 493-2392)

Permissible Purpose: CREDIT MONITORING

Requested On: 10/11/2017

P123919764E11875693 via IPLACE46 (535 ANTON BLVD SUITE 100, COSTA MESA, CA 92626, (949) 567-3762)

Permissible Purpose: WRITTEN AUTHORIZATION

Requested On: 10/11/2017

CONSUMERINFO via CIEXP CSIDPROD (535 ANTON BLVD SUITE 100, COSTA MESA, CA 92626, (949) 567-3762)

Permissible Purpose: CONSUMER REQUEST

Requested On: 09/27/2017

DIR TO CONS VIA EQUIFAX (1550 PEACHTREE NW STREET, ATLANTA, GA 30309, (225) 926-6161)

Requested On: 05/14/2017

TU INTERACTIVE (100 CROSS ST, 202, SAN LUIS OBISPO, CA 93401, (844) 580-6816)

Requested On: 01/28/2017, 01/27/2016

FACTACT FREE DISCLOSURE (P O BOX 1000, CHESTER, PA 19016, (800) 888-4213)

Requested On: 01/28/2017, 01/27/2016

DELTA MANAGEMENT ASSOC (100 EVERETT AVENUE, SUITE 6, CHELSEA, MA 02150, (800) 688-6337)

Requested On: 04/18/2016



Request for Your TransUnion Personal Credit Report

STEP 1

Fill out your personal information

* Optional

*Show collecting & retaining info
not on credit report*

First Name	Middle Name	Last Name	Suffix (Jr. Sr.)
Social Security Number	Date of Birth		
Name of Employer*	Your eMail Address*		
Driver's License Number*	State of Issue*		

Current Address

If a military address, write APO or FPO for city and one of these abbreviations for state:

AA Armed Forces Americas
 AE Armed Forces Africa, Canada, Europe or Middle East
 AP Armed Forces Pacific

Street Address	Apt. No.
City	State
Home Phone Number	Work/Alternative Phone Number

Previous Address

If you have moved in the past two years, please enter your previous address.

Previous Address	Apt. No.
City	State
Zip Code	

STEP 2

Determine if you qualify for a FREE Personal Credit Report

For items 1-5, a TransUnion credit file must have been the basis for the adverse credit decision.

You may be eligible for a FREE Personal Credit Report under the Federal FACT Act. For information, please visit www.annualcreditreport.com

Free Annual Reports and TransUnion Reports are accessible to the Vision Impaired. On-line reports are compatible with screen readers. Accessible formats can be requested by telephone or by mail: please specify Braille, audio or large print.

- 1. Within the last 60 days, I was denied credit or was notified of another credit-related adverse action.
- 2. Within the last 60 days, I was denied employment - By Whom? _____
- 3. Within the last 60 days, I was denied insurance - By Whom? _____
- 4. Within the last 60 days, I was denied a government license or benefit - By Whom? _____
- 5. Within the last 60 days, I was denied a housing/rental apartment - By Whom? _____
- 6. I am unemployed and intend to apply for employment (limited to 1 free report per 12 mos.)

Company Worked for Last

Company's Address _____ Company's Phone Number _____

- 7. I am a recipient of public welfare assistance (limited to 1 free report per 12 mos.)

Welfare Office I am Registered With _____

Name of Case Worker _____ Phone Number for Case Worker _____

- 8. I certify that I have reason to believe that my TransUnion credit file contains inaccurate data due to fraud.
- 9. None of the above apply to me. Please check the next page for pricing.

FCRA allow free copy of consumer file disclosure once per year/evry 12 mth.